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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

KAESEMEYER

Serial No.: 08/833,842

Filed: April 10, 1997

Art Unit: 1205

Examiner: D.C. Jones

Atty. Docket No.: 97-092-US

**METHOD AND FORMULATION FOR
TREATING VASCULAR DISEASE**

Pittsburgh, Pennsylvania 15230

Assistant Commissioner for Patents
 BOX AF
 Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and Response to Final Office Action in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

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deposited with the United States Postal Service on [date] with sufficient postage as first-class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

transmitted by facsimile (703-308-4556) on January 19, 1999 to the U.S. Patent and Trademark Office.

Sherry J. Caldwell

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REED SMITH SHAW & MCCLAY LLP

2. Small Entity status of this application has been established by a verified statement previously submitted.
3. A verified statement to establish Small Entity status is enclosed.
4. Also enclosed:
5. No fee for extra claims is required.
6. The fee for extra claims has been calculated as shown below:

Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Extra Present (Col. 3)	SMALL ENTITY RATE FEE		OTHER THAN A SMALL ENTITY RATE FEE	
Total Claims	19 - 20**	= 0	X	\$ 9	= \$	<u>OR</u> X \$ 18 = \$
Ind. Claims	3 - 3***	= 0*	X	\$ 39	= \$	<u>OR</u> X \$ 78 = \$
<input type="checkbox"/> Multiple Dependent Claim Presented			+	\$180	= \$	<u>OR</u> + \$260 = \$
				<u>TOTAL</u>	= \$	<u>OR</u> <u>TOTAL</u> = \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. Applicant encloses herewith a check including the amount of \$[Amount] to cover the extra claims fee.
8. The Commissioner is authorized to charge the \$[Amount] filing fee to Deposit Account No. 18-0582.
9. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,

Dated: January 19, 1999

Raymond A. Miller
Reg. No. 42,891

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TO: D.C. JONES

FROM: Raymond A. Miller

CO/FIRM: USPTO - Art Unit 1205

PHONE: (412) 288-4192

FAX NO.: 703-308-4556

DATE: January 19, 1999

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TO: D.C. JONES **FROM:** Raymond A. Miller
CO./FIRM: USPTO - Art Unit 1205 **PHONE:** (412) 288-4192
FAX NO.: 703-308-7924 **DATE:** February 3, 1999

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Re: Serial No. 08/833,842, Our Ref. No. 97-092-US**Dear Mr. Jones:**

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